

Summary of Comments

#3a – How many hours do you work a month as LHO?	
Androscoggin	
Aroostook	<ul style="list-style-type: none"> Part of job as CEO and LPI Part of job as town manager (3)
Cumberland	<ul style="list-style-type: none"> Part of duties as CEO and LPI Part of job as Public Health Director Part of job as captain of public safety Part of job as municipal employee Part of job as CEO
Franklin	
Hancock	<ul style="list-style-type: none"> Part of job as CEO (2)
Kennebec	<ul style="list-style-type: none"> Part of job as town manager (2) Part of job as CEO (2) Included in other responsibilities (2)
Knox	<ul style="list-style-type: none"> Part of other job responsibilities
Lincoln	
Oxford	<ul style="list-style-type: none"> Part of job as selectman (2) Part of job as town manager
Penobscot	<ul style="list-style-type: none"> Part of job as selectman (2) Part of job as CEO and LPI Part of job as CEO (2) Part of job as Public Health Director
Piscataquis	<ul style="list-style-type: none"> Part of job as town manager and local emergency management officer
Sagadahoc	<ul style="list-style-type: none"> Part of job as CEO
Somerset	
Waldo	<ul style="list-style-type: none"> Part of job as CEO/LPI-BI/EMA, addressing officer and beach manager
Washington	
York	<ul style="list-style-type: none"> Part of job as CEO

#4 – Are you paid as a local health officer position?	
Androscoggin	<ul style="list-style-type: none"> Part of town manager salary
Aroostook	<ul style="list-style-type: none"> Paid as police chief, with LHO duties assigned Annual stipend
Cumberland	<ul style="list-style-type: none"> Annual stipend (7)
Franklin	<ul style="list-style-type: none"> Annual stipend (2)
Hancock	<ul style="list-style-type: none"> Annual stipend
Kennebec	<ul style="list-style-type: none"> Annual stipend (2)
Knox	
Lincoln	<ul style="list-style-type: none"> Annual stipend (3)
Oxford	<ul style="list-style-type: none"> Annual stipend (2)
Penobscot	<ul style="list-style-type: none"> Annual stipend (3)
Piscataquis	<ul style="list-style-type: none"> Annual stipend
Sagadahoc	
Somerset	<ul style="list-style-type: none"> Annual stipend
Waldo	<ul style="list-style-type: none"> Annual stipend
Washington	<ul style="list-style-type: none"> Annual stipend
York	<ul style="list-style-type: none"> Annual stipend Weekly stipend

Summary of Comments

#5 – Have you had any contact with other state agencies in the past year?	
Androscoggin	<ul style="list-style-type: none"> Department of Environmental Protection
Aroostook	
Cumberland	<ul style="list-style-type: none"> Sheriff Department of Agriculture Local School Nurse
Franklin	
Hancock	<ul style="list-style-type: none"> Health Communities Coalition Meals on Wheels EAAA Environmental Protection Agency Department of Inland Fisheries and Wildlife
Kennebec	<ul style="list-style-type: none"> Department of Health and Human Services (2)
Knox	
Lincoln	<ul style="list-style-type: none"> Local Plumbing Inspector
Oxford	<ul style="list-style-type: none"> Department of Health and Human Services State Health Officer
Penobscot	<ul style="list-style-type: none"> Department of Environmental Protection (2) Maine State Housing Authority Department of Agriculture (3) MDJT Maine State Police Department of Health and Human Services
Piscataquis	
Sagadahoc	
Somerset	<ul style="list-style-type: none"> Department of Health and Human Services
Waldo	<ul style="list-style-type: none"> Maine Emergency Management Agency Department of Environmental Protection Department of Transportation Maine Department of Children's Services
Washington	
York	<ul style="list-style-type: none"> Animal Welfare Department of Environmental Protection

#6a – Have you completed any health certification programs?	
Androscoggin	<ul style="list-style-type: none"> Safe Food Handling RNC
Aroostook	<ul style="list-style-type: none"> Wilderness First Responder First Responder First Aid and CPR (2) ACLS Instructor BLS Instructor
Cumberland	<ul style="list-style-type: none"> Temporary Food Establishment Course (3) Changing Face of Water Utility Operations (3) Optimizing Water Systems Operations (3) Security and Emergency Preparedness Workshop (3) Nurse Practitioner (Family Practice) CPR

Summary of Comments

#6a – Have you completed any health certification programs? (cont'd)	
Franklin	<ul style="list-style-type: none"> ▪ RN (2) ▪ Paramedic
Hancock	<ul style="list-style-type: none"> ▪ First Aid and CPR ▪ Bloodborne Pathogens ▪ MD (2) ▪ ABFP ▪ MROCC ▪ ACLS (2) ▪ Neonatal Resuscitation
Kennebec	<ul style="list-style-type: none"> ▪ Certified Health Education Specialist ▪ RN in advanced practice ▪ NP ▪ Certified CAN Trainer
Knox	<ul style="list-style-type: none"> ▪ Physician Assistant ▪ EMT ▪ MD
Lincoln	<ul style="list-style-type: none"> ▪ Paramedic ▪ Masters in Public Health ▪ Red Cross training
Oxford	<ul style="list-style-type: none"> ▪ RN (Community Health) ▪ Nursing (1961) ▪ Anesthesia (1972) ▪ CME
Penobscot	<ul style="list-style-type: none"> ▪ Air Force Bio Environment Engineer ▪ BLS ▪ AAFP Recertification ▪ EMT ▪ Medical Service Tech ▪ Health Service Specialist ▪ RN (2) ▪ Environmental Health Tech ▪ REHS/RS ▪ Food Protection Specialist ▪ Local Plumbing Inspector ▪ Epi-ready (CDC) ▪ Surgical Tech
Piscataquis	
Sagadahoc	<ul style="list-style-type: none"> ▪ Radiological Emergency Management
Somerset	<ul style="list-style-type: none"> ▪ BS in Community Health Education ▪ RN ▪ Critical Care Nurse (Army Reserves 1985-95) with casualty training exercises

Summary of Comments

#6a – Have you completed any health certification programs? (cont'd)	
Waldo	<ul style="list-style-type: none"> ▪ Family Nurse Practitioner ▪ CAN ▪ EMT-P ▪ EMT-I ▪ EMT ▪ Emergency Room Tech ▪ CNA ▪ MD ▪ Fire Chief and Ambulance (retired) ▪ Director for town ▪ EMA Director (town) ▪ WEMT-I
Washington	<ul style="list-style-type: none"> ▪ RN ▪ CPR and AED ▪ HazMat ▪ Water Testing ▪ Mold Testing ▪ Indoor Air ▪ Radon Testing
York	<ul style="list-style-type: none"> ▪ RN ▪ First Aid ▪ Basic EMT

#6b – Have you ever attended any training in connection with your duties as LHO?	
Androscoggin	<ul style="list-style-type: none"> ▪ Immunization Update(s) ▪ Ticks, Flies and Mosquitoes ▪ HO/CEO Required Annual Reporting and Recordkeeping ▪ Health Officer Training(s) (2)
Aroostook	<ul style="list-style-type: none"> ▪ LHO Training (4) ▪ Update ▪ Overview of LHO Manual ▪ Ticks, Flies and Mosquitoes ▪ Unhealthy Buildings ▪ West Nile Virus ▪ Interfacing with Public Health Nurses, LPI, Drinking Water, DOA and DEP
Cumberland	<ul style="list-style-type: none"> ▪ Emergency Preparedness Training (county-wide) ▪ West Nile Virus ▪ Ticks, Flies and Mosquitoes (3) ▪ LHO Training (6) ▪ Avian Flu Tabletop ▪ Training for Consumer Advocates ▪ Indoor Air Quality ▪ Water Utility Symposium – Are You Prepared for the Future? (3)
Franklin	<ul style="list-style-type: none"> ▪ LHO Training
Hancock	<ul style="list-style-type: none"> ▪ West Nile Virus (2)

Summary of Comments

#6b – Have you ever attended any training in connection with your duties as LHO? (cont'd)	
Kennebec	<ul style="list-style-type: none"> ▪ Ticks, Flies and Mosquitoes (2) ▪ LHO Training (2) ▪ FEMA Hazard Mitigation Meetings ▪ Pandemic Flu Planning (2) ▪ Kennebec County Communications Subcommittee ▪ Hurricane Lessons
Knox	<ul style="list-style-type: none"> ▪ LHO Training
Lincoln	<ul style="list-style-type: none"> ▪ West Nile Virus ▪ Emergency Preparedness Conference
Oxford	
Penobscot	<ul style="list-style-type: none"> ▪ LHO Training (5) ▪ Immunization Conference ▪ Rodent and Insect Control ▪ Food Safe Schools ▪ Tools for Schools ▪ Radon Training ▪ Asthma Triggers
Piscataquis	
Sagadahoc	<ul style="list-style-type: none"> ▪ LHO Training (2) ▪ Pandemic Flu (2) ▪ Lead Poisoning Meeting ▪ Avian Flu Classes ▪ Brown Tail Moth Meetings ▪ General Health ▪ Lead Paint ▪ Food Inspection ▪ Public Health Nurse (retired from state)
Somerset	<ul style="list-style-type: none"> ▪ Pandemic Influenza ▪ West Nile Virus ▪ LHO Training (3)
Waldo	<ul style="list-style-type: none"> ▪ LHO Training (4) ▪ NIMS 100, 200, 700 ▪ ICS Training
Washington	
York	<ul style="list-style-type: none"> ▪ West Nile Virus (2) ▪ LHO Training (3) ▪ Ticks, Flies and Mosquitoes ▪ Animal Hoarding ▪ Pandemic Influenza ▪ Public Health Response to Hurricanes ▪ Veterinary Conference ▪ Restaurants: Wells ▪ York County Preparedness Workshop

Summary of Comments

#7 – Have you ever participated in a local or county emergency preparedness exercise?	
Androscoggin	<ul style="list-style-type: none"> ▪ Androscoggin EMA
Aroostook	<ul style="list-style-type: none"> ▪ Aroostook County EMA ▪ Patten Fire Department ▪ Presque Isle ▪ NIMCAST Meetings ▪ Cary Medical Center
Cumberland	<ul style="list-style-type: none"> ▪ Maine CDC ▪ State of Maine/Bowdoin College Exercise ▪ Maine Center for Public Health/Harvard School/So. Maine RRC (2)
Franklin	<ul style="list-style-type: none"> ▪ Local EMS and hospital system ▪ MCI Drill ▪ MCI Weapons of Mass Destruction ▪ MCI Training ▪ My job is answering public health questions, investigating nuisances and health hazards, and working with the CEO. I have not been proactive in this position. I am leaving the suggestions section blank.
Hancock	<ul style="list-style-type: none"> ▪ Local fire department ▪ Hancock County Emergency Preparedness Office ▪ Maine CDC ▪ Bangor Region Influenza Coalition ▪ Local hospital ▪ Bagaduce Ambulance
Kennebec	<ul style="list-style-type: none"> ▪ Town of West Gardiner ▪ CMTC ▪ City of Augusta Emergency Management Team ▪ Local hospital ▪ Active participant in city: 1987 flood, 1993 fire at elderly housing units, 1998 ice storm – involved with planning, securing, etc., hosing, feeding, transporting citizens affected. Our efforts were successful and <u>good training</u>.
Knox	<ul style="list-style-type: none"> ▪ Miles Memorial Hospital ▪ Penobscot Bay Medical Center
Lincoln	<ul style="list-style-type: none"> ▪ Local EMH staff ▪ Hospital-wide exercise
Oxford	<ul style="list-style-type: none"> ▪ Rumford EMA ▪ Rumford Hospital ▪ Town of Hiram
Penobscot	<ul style="list-style-type: none"> ▪ Penobscot County EMS ▪ NRRC ▪ County/Bangor International Airport ▪ Helping with crises and fire drills at public school during school time
Piscataquis	<ul style="list-style-type: none"> ▪ EMA ▪ Local fire department ▪ Local ambulance service
Sagadahoc	<ul style="list-style-type: none"> ▪ Southern Maine Resource Center/MMC ▪ Sagadahoc Health Officer
Somerset	<ul style="list-style-type: none"> ▪ Somerset County EMA (4)
Waldo	<ul style="list-style-type: none"> ▪ Thorndike Fire/Waldo County EMA ▪ NIMMS Class

Summary of Comments

#7 – Have you ever participated in a local or county emergency preparedness exercise? (cont'd)	
Washington	<ul style="list-style-type: none"> ▪ State police ▪ Local police ▪ Local ambulance ▪ Coast Guard ▪ Canadian Coast Guard ▪ Environmental Protection Agency ▪ Department of Environmental Protection ▪ Tribal Emergency Preparedness staff ▪ Washington Academy
York	<ul style="list-style-type: none"> ▪ Local fire department ▪ Local EMA ▪ York County EMA (2) ▪ Restaurants: Wells ▪ York County Preparedness Workshop

#8 – Recommended changes or transfer of duties	
Androscoggin	<ul style="list-style-type: none"> ▪ C – Fund it – if we're doing state work ▪ D – Need funding ▪ P – Fund it ▪ O – Would like to participate in
Aroostook	<ul style="list-style-type: none"> ▪ I feel that there should be adequate training available to be able to perform these duties as intended. I am the sole employee in a town of 600 people and wear many hats. I really do not have the time, knowledge or training to perform the duties listed, but would be interested in contracting with surrounding communities to hire a health officer – knowledgeable and trained to represent area communities. ▪ I really would like an intense workshop on the duties and services LHOs should be providing. I'm in this position without knowing what it is I can and can't do. ▪ Most small community LHOs are not highly trained in all fields and it would be unreasonable to expect a high level of expertise for all 497 LHOs. But the LHO is a very good first contact for a local citizen. The LHO can provide coordination with those who have the expertise such as DHHS, DEP, CEO, CDC, etc. Therefore, I think the statute and rules should reflect a strong relationship between the LHOs and the state, county and local officials with that specialized training. ▪ This LHO position is a part-time "as needed" job. No specific salary or pay assigned to this position/role. ▪ C – Most small communities not trained ▪ H – Not trained ▪ O – Not trained ▪ V – Not trained
Cumberland	<ul style="list-style-type: none"> ▪ Some of these services require specific training and knowledge to oversee properly and require such expertise very infrequently. It makes sense to have this function regionalized in some cases. ▪ A – No mechanism for knowing about cases.

Summary of Comments

#8 – Recommended changes or transfer of duties (cont'd)	
Franklin	<ul style="list-style-type: none"> In our small town, we do not have these problems. If we do, it is usually our CEO or ACO that would handle it. I am a Health Officer, but am not as qualified to handle most of these problems.
Hancock	<ul style="list-style-type: none"> This is a small island community and as Health Officer I would respond to and consult with our Board of Selectmen as any of the above problems arise. I get called by the Town Office every few years – usually about something unhealthy going on in town.
Kennebec	
Knox	
Lincoln	<ul style="list-style-type: none"> Move all tasks to regional or professional health officer.
Oxford	<ul style="list-style-type: none"> I have checked the items in the list that I have dealt with. Our CEO helps with these issues. I would say that for Woodstock, Maine, the CEO and Town Manager “serve” as the LHO together. There are no formal records for HO matters.
Penobscot	<ul style="list-style-type: none"> A – I’m not a doctor – I don’t know one disease from another C – Let the state enforce state rules and laws E – Give this some teeth F – State and federal law – let them handle it K – We are not judges P – State law, state problem Q – And what does this have to do with homeland security? R – If I had drugs to euthanize animals, I would most likely use it on some people I know. R – Would currently be handled by the ACO here. Thankfully, none of the other items have actually come up during the time I have served or even have lived in this town, so I was uncomfortable checking them off as “Yes, I provide”. If they become necessary, obviously by law, I or whoever is LHO at the time will be involved, but in a community this small, chances are the selectboard will play a role and we will definitely be reaching out for technical support from the appropriate state agencies. Perhaps some things other than item “R” should be transferred, but I don’t have the experience to say which or to whom. Some conditions simply don’t exist in our little town, e.g. restaurants, jails, etc., so I marked such things as “N/A”.
Piscataquis	
Sagadahoc	
Somerset	
Waldo	<ul style="list-style-type: none"> The current laws, as this patchwork of duties suggests, is a historical legacy, but not a national entity. Unless there will be ongoing, yearly monies available for a true system of LHOs – which I doubt – then the system should be eliminated or focused narrowly in some stated goals. I am not the HO – I do general assistance work. Was HO years ago – given to me and did the best I could.
Washington	
York	

Summary of Comments

#10 – Other Potential Changes to LHO System	
Androscoggin	<ul style="list-style-type: none"> Assign to appropriate state agencies, local hospitals and EMA staff
Aroostook	<ul style="list-style-type: none"> Share duties with selectman and CEO Many small towns get overlooked – need more training and instructions
Cumberland	<ul style="list-style-type: none"> Modernize statutes and provide additional training to CEOs Need trained public health workforce based in units of local government, i.e. counties Assign duties to some other locals and the remainder to a Regional – maybe, and some local like flu clinic and checking restaurants Have regional officers have medical/health expertise so that they can respond to technical matters and serve as a resource. Maintain local officers to provide less specialized services. Provide forums for discussion between LHOs and regional/state health personnel.
Franklin	
Hancock	<ul style="list-style-type: none"> Continue to address problems and work with Board of Selectmen and CEO
Kennebec	<ul style="list-style-type: none"> Strengthen the HO enforcement, requirements and protocols Have regional meetings for education and networking for homeland security and public health
Knox	
Lincoln	
Oxford	
Penobscot	<ul style="list-style-type: none"> Empower LHOs once qualifications/trainings/commitment is elevated/standardized Provide a forum for LHOs to meet and discuss common concerns of small communities Provide training and certification
Piscataquis	
Sagadahoc	<ul style="list-style-type: none"> Keep LHOs under the control of the local government
Somerset	<ul style="list-style-type: none"> Keep LHO, provide more training – we could provide you with list needed
Waldo	<ul style="list-style-type: none"> Eliminate LHOs and have it remain only with the state
Washington	<ul style="list-style-type: none"> Stay the same
York	<ul style="list-style-type: none"> Minimum training standards, similar to CEO program Appointed officer should be exempt from liability, or no doctor/nurse will accept the position

#11 – Other Services a RHO Should Provide	
Androscoggin	<ul style="list-style-type: none"> More complex items <ul style="list-style-type: none"> Mausoleums Guardianship Work with state agencies, FEMA, local hospitals
Aroostook	<ul style="list-style-type: none"> Investigations of violence and/or complaints
Cumberland	<ul style="list-style-type: none"> Enforcement of swimming and pool enclosure ordinances (3) Mold-free rentals, lead paint in rentals (2) Coordinate interface/conference with LHOs and ACOs – multiple overlapping issues for these positions. Education of public

Summary of Comments

#11 – Other Services a RHO Should Provide (cont'd)	
Franklin	
Hancock	
Kennebec	<ul style="list-style-type: none"> ▪ Not sure we need another layer – nurse epidemiologists exist – maybe they could coordinate ▪ Regional meetings, education networking ▪ Need protocols and enforcement power ▪ Coordinate meetings/trainings with Homeland Security and public health – public schools and hospitals
Knox	
Lincoln	
Oxford	
Penobscot	<ul style="list-style-type: none"> ▪ Liaison to state agencies, because I assume that would simplify things for the state agencies ▪ Back-up “go to” person if there are questions – particularly questions about statutes
Piscataquis	
Sagadahoc	
Somerset	
Waldo	
Washington	<ul style="list-style-type: none"> ▪ Should work with EMS ▪ Provide information to medical health services
York	<ul style="list-style-type: none"> ▪ Ensure LHOs have adequate training ▪ Ensure LHOs maintain training requirements ▪ Mold expert

#12 – What would help you most, to increase the effectiveness of your job as LHO?	
Androscoggin	<ul style="list-style-type: none"> ▪ Good training with qualified personnel ▪ Ability to network with other LHOs ▪ Explanation of the LHO laws ▪ Better information on disease reporting ▪ Cooperation! Small town growing fast, all complaints logged with selectmen or other town officials go <u>unheard</u>, also stipend is very small! ▪ Give more resources to the LHO, i.e. who to call ▪ More workshops relevant to the position ▪ A book of numbers for agencies for specific conditions, i.e. mold, abuse, water contamination, etc.
Aroostook	<ul style="list-style-type: none"> ▪ Better communication/transfer of information from county and/or state officials ▪ Information ▪ Basic training on duties (9) ▪ Shift some duties to more appropriate agencies, but still leave authority to abate nuisances ▪ Would prefer to have state officials monitor this position – regulate and enforce investigations similar to SFMO ▪ Have regional health officers ▪ Job roles/delineation of responsibilities ▪ Formal training/preparedness – basic to ongoing updates

Summary of Comments

#12 – What would help you most, to increase the effectiveness of your job as LHO? (cont'd)	
Cumberland	<ul style="list-style-type: none"> ▪ Provide LHOs with information via e-mail on a regular basis and provide a conduit for the same info in emergency situations ▪ Regular training on food service sanitation ▪ Training (4) ▪ To know that there is someone to call for assistance (a resource list of some kind) ▪ Collaboration with other LHOs ▪ A LHO Association meeting under the Maine Municipal Association ▪ Peer review and exchange ▪ Hand-down of changes from DHHS (MCDC) ▪ I feel my hands are tied in some cases, like a house with trash inside and the public wants you to make them clean it up. Perhaps make the boundaries more clear, as I'm told I can't clean that up. ▪ Discussion of expectations as health issues change/emerge. ▪ Communication!!! ▪ Regular meetings (i.e. 2 times/year) ▪ Small towns vs. large towns – varying needs and expectations. ▪ I am <u>rarely</u> utilized!! Would like town to remain involved and up-to-date. ▪ Currently a nominal position in which I fly by the seat of my pants. I like the concept of a regional person to guide and turn to.
Franklin	<ul style="list-style-type: none"> ▪ Meet with other LHOs and discuss what they do, etc. Also, some kind of training for what is expected of a LHO ▪ Training – in light of the recent information on pandemic and listing LHOs as ones in charge, I do not think most HOs are trained enough – including myself. Good luck! ▪ Does this survey sheet constitute a plan to institute another organizational layer within state government? I am <u>strongly</u> against any such proposal. I think notice of trainings/technical assistance/rule changes can come directly from the state. ▪ My community is a very small rural town – the only function I have provided as the LHO is answering health questions – mostly issues in the news – for local officials. I do try to keep up with current public health issues through your website and the CDC's, so if there was an emergency situation, i.e. bird flu, I could provide some expertise to my community. As a volunteer who works full-time, traveling for any training is an issue (2 hours from Augusta) so the best way for me, and I expect many other rural LHOs, to gain training/education would be through the web, such as your website. ▪ On an "as needed" basis I respond as requested and/or follow-up on problems. I am now part of a local Franklin County committee to plan for disaster/epidemic and have been passing out preparedness to Weld community.

Summary of Comments

#12 – What would help you most, to increase the effectiveness of your job as LHO? (cont'd)	
Hancock	<ul style="list-style-type: none"> ▪ More contact on specific cases with the local CEO ▪ Training on specific duties of LHOs ▪ I have Dean Jackson at DHS, who is wonderful in assisting me with anything that comes up. He is my reference point for any health issues. ▪ I was appointed HO so I could inspect failed septic systems. Since then, I have earned my Maine State LPI license. Dean Jackson is a life-saver and has been there every time I needed assistance. He does a great job! ▪ I would like a copy of the Maine state guidelines.
Kennebec	<ul style="list-style-type: none"> ▪ Regular trainings to keep up with current health issues in our area – prefer summer time slot. ▪ In West Gardiner, the LHO is just a compliance job – no one wants it, there is no pay – so a name is put down to comply with filling the job. Like many other towns, the CEO/LPI gets the honor. ▪ Enforcement ability – ACO has more authority ▪ Liability issues – so we can provide vaccination clinics, etc. ▪ Training and requirements for eligibility (2) ▪ Networking – HOs, physicians, state agencies, schools ▪ Protocols ▪ In most communities, no one has the time or expertise to serve in this position ▪ Training and removal of duties better performed by others ▪ With the variety of concerns received, it has been most helpful to also be the full-time General Assistance Administrator with access to many resources I can involve or make referrals to in addressing the HO problems. However, this is not sufficient and I make an urgent plea for appropriate and adequate training and resources to be made available to all LHOs to assist us in increasing our effectiveness. ▪ A major hurdle is the lack of clarity and of modern definitions/terms in the statutes pertaining to HOs. MRSA often seems to give us authority to act, but not clearly and precisely enough. Maine Municipal Association has always more or less advised us not to “barge in and assume authority to do so” in emergency situations, but to obtain an order or injunction via a judge first. The general public views this as an attempt by us to delay taking any timely action, etc. I would like to see improvements made in the law to this area (if we need an injunction – say so in the statute). ▪ Start a move to officially recognize and acknowledge (statewide) the position and duties of LHOs. We seem to be overlooked/unknown until desperately needed.
Knox	<ul style="list-style-type: none"> ▪ I live in a very small town (1,300 people). The HO has been a very low-level appointed, non-paid position for years. I would welcome an opportunity to learn how to appropriately expand my service to our town, particularly in the area of infectious disease planning and management. ▪ Remove enforcement and fire duties, transfer these to police with emphasis on advisory duties. That is, if health hazards exist, HO notifies police, who are charged with enforcement of violated regulations. ▪ Training – could be part of the SPO-CEO training ▪ Have time available ▪ Additional training (2)

Summary of Comments

#12 – What would help you most, to increase the effectiveness of your job as LHO? (cont'd)	
Lincoln	<ul style="list-style-type: none"> ▪ Training (3) ▪ Revise some of the statutes ▪ Some tasks would require extensive training and engineering skills – others more in line with animal control ▪ Mentoring opportunities with other LHOs ▪ Specialty workshops with state government employees (environmental, water qualify, child/elder abuse) ▪ Review current duties and reform them, to serve the prevention and emerging medical functions, but leave much of the other stuff to code enforcement and sewer and water personnel. ▪ Do you think the state of Maine can afford and support another empire? ▪ We have no regulations in this town, therefore it is almost impossible to enforce change
Oxford	<ul style="list-style-type: none"> ▪ Training, if I truly should be responsible for all items listed. However, this is a non-paid position. ▪ Better training in what to expect on issues concerning HOs ▪ Train nearby and give plenty of notice when training would take place and pay us for our time ▪ I have had no issues in my three years
Penobscot	<ul style="list-style-type: none"> ▪ Workshops and seminars ▪ Meet with other LHOs of small towns ▪ A regional HO who holds meetings/trainings at the county seat or at other convenient areas should be kept abreast of responsibilities for pandemic planning. They should clearly know their role and expectations and who else is around to help them – regional, county, state and federal level. ▪ Maine LH ▪ An effective system will require some uniformity in education and commitment (thus, pay) with more clearly defined expectations/responsibilities as part of LHOs, town government and state. Present variability appears to preclude any simple legislative or regulatory improvement in an ineffective system. ▪ Training (4) ▪ Support from Augusta ▪ Stipend ▪ Job description ▪ Certification ▪ No clear sense of direction ▪ The scope of this job is too broad for one person to be well-versed in. Many jobs are already given to other state agencies. I would do away with LHOs and give the duties to other state agencies or local health care agencies, or medical centers such as EMMC. They have the resources to get the job done. ▪ Have more training – if a regional office is started – DO NOT make it another part of red tape – keep community-based, not another bureaucracy to have to deal with. ▪ Increase support at the state level with regards to enforcement/jurisdiction. In the few instances I have acted in this capacity, I received little to no help from the Maine CDC, DOA, DEP or State Police.

Summary of Comments

#12 – What would help you most, to increase the effectiveness of your job as LHO? (cont'd)	
Piscataquis	<ul style="list-style-type: none"> ▪ Send laws and regulations bi-annually to all LHOs ▪ Send booklet or manual of duties ▪ I am not the HO – I do general assistance work. Was HO years ago – given to me and did the best I could
Sagadahoc	<ul style="list-style-type: none"> ▪ I'm the CEO. The HO hat is only one of many I wear. I don't have the time to do the CEO stuff as I should, and the county is coming up to have a very active, educated HO program. We don't have the time or resources for this currently. As detestable as increasing the county budget is, regionalizing the HO is the only way I see this working well. Maybe the state should take it over? ▪ We have quite a lot of training and meetings here with Sagadahoc EMA people. We have meetings at least every three months. ▪ Training ▪ More education – avenues for doing the education on health issues
Somerset	<ul style="list-style-type: none"> ▪ Training (3) ▪ More comprehensive training programs ▪ Knowing who to report problems to ▪ A telephone directory of all available services town had a reportable illness – how can I act if I don't have notice? I should be getting notices regarding outbreaks in schools, nursing homes and individuals. ▪ Reciprocal notification of reportable notifiable diseases. I probably would not know if someone in my ▪ I am a nurse practitioner, so I have health expertise, However, I have never had any training, nor have I ever seen the list of duties mentioned earlier. I have no job description and do not feel I can write one. I think there are many things I could do in the community that are not being accomplished.
Waldo	<ul style="list-style-type: none"> ▪ Training (6) ▪ Collaboration with other LHOs ▪ CE's on topics related to public health ▪ Make LHOs more visible and responsible ▪ Annual training date ▪ To meet with others to see how they handle problems and talk about training and programs we need to help us with our jobs ▪ Network with other LHOs ▪ Plan for addressing problems of rural separation ▪ County or regional officers could get more done because that may be their focus – most LHOs are too busy with other town duties – they just put out (fires) problems and do not investigate problems ▪ We are a small community with few problems. This is great, but doesn't give me the exposure to a variety of situations. ▪ Copy of statutes ▪ More information on current and past diseases reported in our area ▪ Information on Lyme disease ▪ Information concerning "bird flu" and immunizations available in our area
Washington	<ul style="list-style-type: none"> ▪ Training (2) ▪ Keep in touch with tribal programs and come up with a better survey ▪ More networking

Summary of Comments

#12 – What would help you most, to increase the effectiveness of your job as LHO? (cont'd)	
York	<ul style="list-style-type: none"> ▪ Training (2) ▪ Every town should have an appointed HO – force towns to comply. After a health-related disaster is not the time to be wondering why there was no HO. ▪ Who would pay to create regional HOs and maintain LHOs? Who would hire/fire? Another layer of government? ▪ Upon reviewing the LHO services currently in the Maine statute as reported in #8 of this survey, I am once again concerned by the numerous responsibilities assigned to the LHO, as well as by the level of expertise and educational training that HO would need to possess in order to fulfill these responsibilities to ensure that the public is well served. I am also of the belief that not all communities have the same needs. Certainly the larger communities have different needs and problems as compared to the smaller communities and those needs may require the full-time presence of an HO. I would expect the larger communities to be better positioned to provide the salary necessary to attract a qualified individual to serve in that capacity and fulfill the community's needs. That being the case then, I believe what would be most helpful to me would be input and guidance from the selectmen as well as the townspeople in regard to the Town of Alfred HO's responsibilities and availability to its citizens so as to fulfill the town's needs as well as be in compliance with the Maine statutes assigned to that position. Currently I serve and respond to situations as they develop or as I learn of them. Fortunately to date, the number of situations that I have been asked to respond to have been manageable in this manner. In more than one situation I have had to consult with Clough Toppan of Maine's DHHS Division of Environmental Health, as I lacked the necessary training or information to resolve the problem myself. However, I am comfortable in this regard, as either Mr. Toppan himself was able to instruct me or he referred me to one who could. In my experience to date then, I see no reason to shift the HO responsibilities to another individual and particularly to a regional or state government position whereby I believe individual town needs and control may be lost. The better approach I believe would be for the state to continue to strengthen the support system, including the availability of professionals already working in this capacity for the State and the means by which the LHO can communicate with these individuals so as to seek assistance and guidance. As a tax-paying citizen, I would oppose any alterations in the present system mandated by the State for which the State did not also provide the funding to the local communities to accomplish this mandate.

Summary of Comments

General Comments	
Androscoggin	<ul style="list-style-type: none"> System too antiquated – no longer 1800's!
Aroostook	
Cumberland	<ul style="list-style-type: none"> Never been offered any training I am currently the CEO for two towns. I am also the HO for both. It seems to me that these towns have appointed me out of a need required by the state and do not focus on training or qualifications. I would recommend more training and more help from the state. A regional position would make a lot of sense.
Franklin	
Hancock	
Kennebec	<ul style="list-style-type: none"> Would like outline of duties and responsibilities I don't think the survey recognizes the extreme difference in small towns vs. large towns/cities adequately in its format. Larger towns/cities (such as mine) have both a HO and a Code Enforcement Department and it works well because there is mutual respect and ability to work cohesively. I would like to see the statute changed but not to eliminate either the HO or CEOs, but to recognize and clarify the roles for both as well as clarifying where they can best and appropriately work together. Empower both areas. On the other hand, small towns seldom have the advantage or need for both the HO and CEOs and the HO position is the historic recognized (and trusted) position and could be very effective provided adequate training and resources were furnished/available. That is where the regional officials would be of extreme value as the first resource for the small town HOs to call upon to advise and assist. I would hesitate to eliminate LHOs even if replaced with regional officials. Doing so would eliminate the best resource available to solve whatever problem is being addressed, as the value of local knowledge of a community and its people is irreplaceable – particularly in an emergency situation. The idea of regional officials is good, but I see its value as serving as a supplement to local capacity. I find that in municipalities having both a HO and CEO, we tend to refer many of the duties specified for HOs to Code Enforcement where they appropriately belong and/or we work together with them when to mutual advantage. However, I find this still leaves vast areas relevant to the HO and not to the CEO, such as problems arising pertaining to the ability of people – such as the elderly or disabled living alone – to function safely or be treated humanely, disease concerns, public health needs and issues in the community, etc. Just as I refer substandard building conditions to code enforcement, they in turn refer the strictly health-related problems to me as HO.
Knox	
Lincoln	
Oxford	
Penobscot	
Piscataquis	
Sagadahoc	
Somerset	<ul style="list-style-type: none"> We are a town of about 800 people, so a lot of the things do not arise for us to take care of. I work when we get a complaint – which isn't often. May have had 7 or 8 in all my years. I think some of these things listed should be done by the CEO or the LPI.

Summary of Comments

General Comments (cont'd)	
Waldo	<ul style="list-style-type: none"> ▪ Would like to become more involved and participate in local/county emergency preparedness exercises ▪ I have never heard about any training programs or been to any myself. It would be nice if LHOs were kept up-to-date. I have an e-mail if something could be mailed to me. ▪ Are there health certification programs? I had one basic training.
Washington	<ul style="list-style-type: none"> ▪ This is a very small town and most does not apply to me. Some of it may be a potential issue, but I haven't had many things arise yet. ▪ I work with the Indian Health Services out of Nashville
York	<ul style="list-style-type: none"> ▪ I only answer complaint problems – e.g. water problems in an apartment complex. The state worked with me. ▪ Kennebunkport is fortunate to have a town-funded public health department. As a PHN, my function is to do education/investigation of complaints/referrals and follow-up with compliance. We have Dr. Robert Fernandy as our paid acting HO, who provides guidance and has had to sign the court petitions. Otherwise, all HO activities are conducted by the head of our health department. At present, we are very involved with enterocci (Goose Rocks Beach) and EPA/DEP/DOA/Maine Geologic Planning.